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# PERCEPTIONS OF HOSPICE AMONG SOCIAL WORK STUDENTS: THE INFLUENCES OF SOCIODEMOGRAPHIC FACTORS

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THE INFLUENCES OF SOCIODEMOGRAPHIC FACTORS

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A Project  
Presented to the  
Faculty of  
California State University,  
San Bernardino

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In Partial Fulfillment  
of the Requirements for the Degree  
Master of Social Work

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by  
Delia Vanessa Valenzuela

June 2016

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Approved by:

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## ABSTRACT

The older adult population is rapidly growing along with the use and continued need for hospice care services. Due to these circumstances there is an ongoing demand for experienced and knowledgeable social workers to meet the unique needs of this population. Research in this study indicates that social workers currently working in the hospice field do not feel adequately prepared to work with dying and bereaved patients. Furthermore, research shows a lack of education within social programs and social work textbooks regarding the subject of end of life care. The purpose of this study was to gain a better understanding of social work students' perceptions of hospice and determine if there were any differences depending on their sociodemographics. The sample was comprised of students enrolled in the undergraduate and graduate level social work program at California State University San Bernardino. This project was conducted using a quantitative design and data was collected through the use of an online questionnaire. There were no significant results of this study, however the study did find that while social work students do feel inadequately prepared to handle the unique challenges of hospice, they are knowledgeable in the field of hospice and have a desire to learn more about hospice. Recommendations for future research is for social work programs to implement more education related to older adults and their unique needs. It is also recommended that social work students seek further education regarding hospice care and social worker development in order to adequately be prepared to work with these individuals and have the tools necessary to meet their needs.

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## DEDICATION

This project is dedicated to my family who has provided me with unconditional love and support; there is no way that I could have accomplished this goal without them. I would also like to personally thank my husband Alex and daughter Isabella, you two are my inspiration and the reason why I continue to work as hard as I do.

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## CHAPTER ONE

### INTRODUCTION

Chapter one covers the research focus of this study, Perceptions of Hospice Among Social Work Students: The Influences of Sociodemographic and Experiential Factors. This study was conducted using a quantitative method. This chapter includes a review of the literature focusing on the growth trend in the older adult population in the United States, differential use of hospice care by a number of sociodemographic variables, by experience with hospice services, and the need for competent social workers in the field. Lastly, this chapter reviews the social problem, the purpose of this study and the significance this project has for the field of social work.

#### Problem Statement

The U.S. Census Bureau reports that as of 2012, 314 million of the people living in the United States consisted of people aged 65 and over. With that number projected to reach 400 million by 2050, it is important to address the unique needs this population faces including their use of hospice. The National Hospice and Palliative Care Organization (2003, para. 1) describes hospice “as a model for quality, compassionate care at the end of life.” Hospice was created to provide comfort and support to individuals, many of which belong to the aging population, who are suffering from illnesses that are no longer responding to treatment.

As the rise in hospice increases so does the need for social workers that can work effectively and efficiently with this population. The NASW (2010) explains that social workers working in palliative care are in a position to provide facilitating advance care planning; advocacy on behalf of the patient and family; leading community education workshops; counseling and psychotherapy for individuals, couples, and families; and intervening in crises. Understanding the diverse needs social workers will address, will give a better sense of how to prepare them in their course studies.

While social work programs do implement educational courses to meet this need, many of the programs only offer the minimum and some of those courses are often electives. A study done by Murty, Sanders, and Stensland (2015) points out that while education and training for social workers has improved, the subject matter on end of life care in social work education is limited and leaves much to be desired. This information expresses the need for social work programs to consider implementing specific education on end of life care to address this need.

### Purpose of the Study

The purpose of this study is to assess social work students' perceptions and knowledge of hospice care and to determine if social work programs are doing enough to include end of life care education in their curriculum.

### Significance of the Project for Social Work

This study is significant to social work practice since information learned from this study will help assess students' current perceptions of knowledge of hospice care and help determine if there are any deficits that need to be addressed. This information can serve as a platform for creating and implementing changes to the social work curriculum to not only prepare social students to work more effectively in the field of hospice care but also to assist in improving delivery of services to this population.

## CHAPTER TWO

### LITERATURE REVIEW

#### Introduction

This chapter presents a review of the literature regarding perceptions of hospice among social work students. The literature review covers factors that may contribute to the way social work students view hospice and end of life care services. The first factor explains what hospice is and the rise in its use. The second factor addresses the role of a social worker working in hospice and what they contribute to the field. The third factor looks at students' level of comfort when working within hospice. The fourth and fifth factor discuss the competencies a social worker requires when working in end of life care and the inclusion of end of life care within social work program curriculum.

#### Hospice

The National Hospice and Palliative Care Organization (2016) credits the creation of the first modern hospice to physician Dame Cicely Saunders in 1948 in London. Saunders named this hospice St. Christopher's Hospice and began to treat the terminally ill. Saunders later introduced the idea of specialized care for the dying to the United States during a visit to the Yale University in 1963 where she gave a lecture to medical students, nurses, social workers, and chaplains. This lecture included concepts of approaching hospice from a holistic perspective and launched a chain of events that would

lead us through the development of hospice in the United States as well as the inclusion of hospice as a guaranteed benefit under health care reform. Since the introduction of hospice to the United States there have been many changes and reforms made to ensure that hospice care continues to advance with the ever-changing social climate and that it continue to remain available for those who need it.

The term hospice can be scary for many people but some of that fear can come from not understanding exactly what hospice is. Hospice is specialized care that is intended to provide support to individuals who are in advanced stages of illness and their families. Hospice focuses on providing comfort when there is no cure; this service helps to affirm life and views death as a natural process. Hospice care can be delivered at home where a family member can serve as the caregiver; hospice staff makes house visits to assess the patient and provide any additional supports. Hospice can also occur in a facility where care is managed by the staff on a 24-hour basis (National Hospice and Palliative Care Organization, 2012). Research by Meier (2011) suggests that palliative care and hospice services improve patient-centered outcomes such as pain, depression, and other symptoms. It also improved patient and family satisfaction and when compared with the usual care, hospice care was proven to help prolong life.

The National Hospice and Palliative Care Organization (2013) estimated 1.5 to 1.6 million patients having received services from hospice

with a steady increase throughout the years and a projected jump to 400 million patients by the year 2050. As the use of hospice increases it is essential that as a community we focus on developing the appropriate staff that can be prepared to meet this need, which includes social workers.

### Role of the Social Worker in Hospice

Social workers play an important role in hospice as they provide psychosocial support to dying individuals and their families (Murty, Sanders, & Stensland 2014). Social workers contribute their experience in working with individuals and families who are in crisis and experiencing life transitions. Social workers also apply their knowledge on ethics and values when working in these sensitive situations where people are dying and families are left behind (Murty, Sanders, & Stensland 2014).

In addition to the aforementioned qualities social workers contribute to the practice of hospice, they also provide a unique set of skills used during the intake process. Having knowledge of the ecological perspective, social workers are able to identify problems within a patient's environment that may affect care. Having this information will enable the social worker and medical team to develop a supportive response to handle these issues that may not have been otherwise identified. A social worker also assist the patient and family adjust to the hospice environment and caregivers as well as intervenes when in family dynamics which can greatly impact the effectiveness of hospice services and outcomes. Lastly, the social worker is inept to identify high risks

characteristics such as high levels of anxiety related to death or dysfunctional family interaction that would not been recognized or resolved by nursing staff (Silberstein, 1998). In a study done by Reese and Raymer 2004, research identified that social workers contribute to positive outcomes in end of life care as well as increased client satisfaction and reduced hospice costs.

### Students' Level of Comfort Working within Hospice

There are many variables that contribute to a students' level of comfort working within hospice. A study conducted by Christ and Sormanti 1999 assessed the level of preparation among social workers to work with dying and bereaved patients, this study found that many of those surveyed reported feeling inadequately equipped to work with this population. Another study done by Heyman and Gutheil (2003) found that older students and students with greater knowledge of living wills, comfort with end of life discussion, and a personal desire for treatment were more comfortable with end of life planning. Social workers who have a personal experience with death were also noted to better prepared to work in end of life care versus students who identified having a lack of knowledge about death. A lack of knowledge was identified as being a major reason why student did not choose a placement in this type of setting (Belew Huff et al., 2006). Race and ethnicity was also a predictor of students' perceptions about hospice, with minorities including African Americans, Asians, and Hispanics expressing a less favorable or negative toward hospice care planning and utilization (Kwon, Kolomer, & Alper, 2014)



Murty, Sanders, and Stensland 2014, emphasizes that while the experience of losing a person close to you is subjective and many will express their grief in individual ways, everyone will have a similar experience sometime in their life. This is why the knowledge of hospice as well as the development of skills needed to work in end of life care is important to the social work field.

### Competencies within Hospice

There are certain competencies that a social worker must possess in order to effectively work in the field of hospice. Included in those competencies is the ability to be aware and respectful of others cultural beliefs and attitudes that affect how individuals deal with death and dying as well as how their families will cope during their grieving. Studies show that racial differences and attitudes can affect a person's outlook on hospice. Johnson, Kuchibhatla, and Tulskey, 2008 conducted a study highlighting that African Americans were less likely to seek hospice care compared to their Caucasian counterparts. Part of the reason for this was due to African American's mistrust of the healthcare system and their decision to instead rely on community ties for further assistance. Understanding these cultural attitudes and differences can provide a social worker working within hospice the insight needed to build a rapport and earn hospice patients' trust, facilitating the delivery of effective hospice care.

Being culturally competent when working in hospice is especially essential because often social workers will be the only professionals working

in hospice to have training in cultural competence, emphasizing the need for this skill (Murty, Sanders, & Stensland 2014). Other competencies skills require that the social worker have a sense of personal awareness and professional boundaries. This includes social workers ability to connect with clients on subjects such as death and grief while still maintaining a professional relationship. This task may be difficult to do if a social worker is not comfortable with death or is unaware of their own unresolved grief work, this may also blur the lines of professionalism. Yet another competency skill is the ability to recognize that end of life care practice can be emotionally taxing and as a social worker be able to protect yourself from potential burnout and compassion fatigue by engaging in self-care (Murty, Sanders, & Stensland 2014).

#### End of Life Care within Social Work Programs Curriculum

In 2002 The Social Work Leadership Development Award met with approximately 35 social work professionals at the Social Work Leadership Summit on End of Life and Palliative Care. The intent of this meeting was to collaborate with one another and provide a direction for future research, education and practice within end of life care (Christ & Blacker, 2005). The topics discussed were the development in competencies in palliative and end of life care, bereavement, as well as future professional development. Since the summit, the social work profession has made progress in improving

practice in this field, however there continues to be a gap in the availability of end of life care within the curriculum and social work textbooks.

A comprehensive review of social work textbooks found that out of 50 books with over 19,000 pages, only about 650 pages (3%) were related to end of life care topics. (Kramer, Pacourek, & Hovland-Scafe, 2003). This contributes to a disparity between what is being taught within social work programs and the specialized knowledge, skills, and values needed by social workers to meet the needs of individuals and families in hospice care. Creating and implementing an end of life care field of practice is a move in the right direction in addressing this discrepancy (Murty, Sanders, & Stensland, 2014). Using this information, the researcher will explore if social work students taking gerontology courses influence their perceptions or attitudes toward hospice.

### Theories Guiding Conceptualization

The theoretical orientation of this study will be the Generalist Model. All accredited social work programs require that social workers be trained using the Generalist Model which prepares individuals to work with all populations in a broad setting. According to Hepworth (2013), a generalist practitioner is taught to promote human and social well-being through the use of different prevention and intervention strategies that work with individuals, families, communities, and organizations. The Generalist Model provides a social worker the platform to work with individuals within hospice as they are taught

how to engage a client, assess the situation and clients strengths, develop goals and a plan to reach those goals, come up with interventions to initiate achievement of goals, and evaluate those interventions. Social workers also learn how to effectively terminate with clients and how to provide follow up when appropriate. For individuals who are looking to specialize in hospice work, they can take the skills learned through the generalist model and tailor them to meet the specific needs of clients within hospice. Social workers working in hospice must be able to contribute their experience in working with individuals and families who are in crisis and experiencing life transitions and apply it to those receiving hospice services. Social workers must also apply their knowledge on ethics and values when working in sensitive situations where people are dying and families are left behind (Murty, Sanders, & Stensland, 2014). Social workers should also be culturally competent, especially when it comes to understanding the different customs and the beliefs and values of client's accessing hospice. In addition to these work experiences, a social worker working in hospice must be able to provide a unique set of skills to meet the specific needs of patients within hospice.

### Summary

Chapter one explained the rise in hospice use and the need for competent social workers in the field, the purpose of the study, and the significance this project will have on social work. Chapter two presented a

review of the literature that covers factors that may contribute to the way social work students view hospice and end of life care services.

## CHAPTER THREE

### METHODS

#### Introduction

This chapter will include the methodology and procedures for this study. The study design and sampling used will be discussed as well as the procedures taken for data collection. Protection of human subjects and data analysis are also included.

#### Study Design

The purpose of this study was to assess social work students' perceptions and knowledge of hospice care and determine if social work programs and social work students are doing enough to include end of life care education in their curricula and into their outside professional development activities. There was also an exploratory question to assess if students were taking initiative for self-learning about end of life care. The design that was used for this study is a quantitative research study design. A Likert questionnaire was also used to gather information related to students perceptions and knowledge of hospice care. The questionnaire was self-administered to all participants and participation was on an at will basis. Participants were chosen participate in the study through an email sent to all California State University, San Bernardino Social Work Students and were allowed to end participation at any time. The researcher included an

introduction to the study as well as informed consent documentation and a debriefing statement at the end of the questionnaire.

### Sampling

The samples collected were made of students who are enrolled in a social work program at California State University San Bernardino. Students were able to access the survey online through Survey Monkey (surveymonkey.com). The sample collected consisted of 34 students. Students participating in the study were given the researchers email for any questions or follow up.

### Data Collection and Instruments

The researcher used a questionnaire that included questions using a Likert scale designed to gather data that relates to social work students' perceptions and knowledge of hospice care, and sociodemographic information for each respondent, such as age, gender, income, level of social work education (i.e., BASW versus MSW, type of MSW program such as part-time, full-time, online, etc.) The survey was self-administered online and included questions to measure students' comfort level working in a hospice setting.

### Procedures

The questionnaire was created online using Survey Monkey. The link to the questionnaire was provided to students via email. The researcher was the

only one who had access to the data which was password protected. Once the data was collected it was placed into SPSS where frequency and percentage analysis was conducted. The researcher used purposive nonprobability sampling in this study. Purposive sampling allowed the researcher to collect data from study participants who gave the most complete data about the study focus (Morris, 2006).

### Protection of Human Subjects

The researcher ensured that each participant received the information on informed consent by including it in the questionnaire. There are no anticipated risks at this time for participation in this study. Participants were informed that participation in the study was completely voluntary and withdrawal from the study can be made at any time without any consequences or penalties. All participants of this study remained anonymous and questionnaires and any identifying information remained locked in a desk at the researchers home office. The questionnaires and any identifying information were destroyed upon completion of this study.

### Data Analysis

This study was done using a quantitative method to assess and measure social work students' perception of knowledge. The quantitative data collected was later coded and analyzed using SPSS (Statistical Package for the Social Science) Data Analysis. Frequency and percentage distributions



were used to verify the number of respondents who participated as well as to gain a summary of each categorized variable.

### Summary

This chapter included the study design and information related to sampling. The way data was collected was discussed as well as procedures, protection of human subjects, and data analysis.

## CHAPTER FOUR

### RESULTS

#### Introduction

The purpose of this study was to measure social work students' perceptions and knowledge of hospice care and to determine if there were any differences based on the students' sociodemographic differences such as age, gender, ethnicity, and level of social work education. Data analysis findings were generated using SPSS and the results obtained from completed surveys are discussed in this chapter. The demographics of the participants are also included.

Participants were administered an online questionnaire of 30 questions that consisted of demographic questions, questions about experience of contacting with and providing service to end of life patients, questions regarding nurses' knowledge about hospice, questions about nurses' attitudes toward providing care to end of life patients and questions about nurses' attitude toward results of hospice care. Prior to taking the questionnaire participants were informed with the purpose and rational of the study. Participants were also informed that participation in the study was voluntary and that all responses would be kept confidential and would be destroyed at the conclusion of this research project. The questionnaire administered to students included a series of questions that measured their knowledge of hospice, their competencies within hospice and their experience working with

people in hospice. Social work students were recruited through an email sent to them, which provided the URL link.

### Presentation of the Findings

The sample included thirty-four student participants (n = 34) who completed the online questionnaire. Of the thirty-four participants who participated, thirty-one (91.2%) were female and three (8.8%) were males. Participant's ages ranged from 21 to 59 with the breakdown being 16 (47.1%) of the participants were aged 21-29, 11 (32.4%) of the participants were aged 30-39 and seven (20.5%) of the participants were aged 40-59. The ethnicity of the participants was comprised of the following Ethnic groups: White 15 (44.1%); Hispanic or Latino 14 (41.2%); Black or African American 3 (8.8%); and Other two (5.9%). Student participant's level of social work education was also collected and one (2.9%) participant reported being an undergraduate student of social work, 15 (44.1%) participants reported being full time graduate students of social work, 11 (32.4%) participants reported being part time graduate students of social work and seven (20.6%) participants reports being part time graduate online students of social work. Lastly, as part of the demographic information collected from participants 29 (85.3%) reported English being their primary language and five (14.7%) reported Spanish being their primary language.

Included in the questionnaire were questions regarding students' experience with gerontology and hospice care. For the question, "Have you

ever taken any courses in gerontology” 15 (44.1%) of students answered yes and 19 (55.9%) of students answered no. Of those students who answered yes, there was a follow up question that inquired, “If you have ever taken any courses in gerontology, what are your sentiments about it/them” to which 14 (93.3%) said they liked them versus one (6.7%) said they did not. Students were then asked if they had any interest or experience working in hospice, “Are you interested in interning at a hospice field placement,” eight (23.5%) answered yes and 26 (76.5%) answered no. Followed by the question, Have you completed a hospice field placement or a field placement where you received experience in hospice care, five (14.7%) answered yes and 26 (76.5%) answered no.

Participants’ knowledge and perceptions regarding hospice care were measured in a series of questions using a Likert scale. For the question, “The need to plan and deliver hospice care in our country is increasing,” 28 (82.3%) students answered agree, two (5.9%) answered disagree, and four (11.8%) answered neither agree nor disagree. For the question, “Hospice care is a service only for cancer patients,” 31 (91.2%) answered disagree, one (2.9%) answered agree and two (5.9%) answered neither agree nor disagree. For the question, “I think end of life patients do not benefit from Hospice care at home,” 29 (85.3%) answered disagree and five (14.7%) answered neither agree nor disagree. For the question, “End of life patients should be hospitalized until their last minutes of life,” 26 (76.5%) answered disagree and

eight (23.5%) answered neither agree nor disagree. For the question, "Hospice care led to the development of home care services," two (5.9%) answered disagree, 18 (52.9%) answered neither agree nor disagree, and 15 (41.2%) answered agree. For the question, "Hospice care lead to satisfaction of patients and dignity of death," one (2.9%) answered disagree, ten (29.4%) answered neither agree nor disagree, and 23 (67.7%) answered agree. For the question, "Hospice care leads to reduce health care costs," five (14.7%) answered disagree, 11 (32.4%) answered neither disagree nor agree, and 18 (52.9%) answered agree. For the question, "Designing and delivering hospice care lead to preserving and promoting spiritual health of society," two (5.9%) answered disagree, 14 (41.2%) answered neither disagree nor agree and 18 (52.9%) answered agree. For the question, "Designing and delivering hospice care lead to promoting quality services to patients," one (2.9%) answered disagree, five (14.8%) answered neither disagree nor agree, and 28 (82.3%) answered agree. Lastly, for the question, "When a physician suggests hospice care to a patient, the physician means:" most participants answered the question correctly with 23 (69.7%) answering, "The physician will provide the most suitable treatment to alleviate discomfort," and ten (30.3%) answering incorrectly by either choosing the answers, "The patient is about to die'," or "The physician does not want to perform further treatment."

There were five questions included to measure participants' level of comfort and competence, which were done using a Likert scale. Students

were asked to answer, “I feel confident in my ability to respect a patient’s and their family’s opinions regarding hospice care,” two (5.9%) answered disagree, three (8.8%) answered neither disagree nor agree, and 29 (85.3%) answered agree. For the question, “I am comfortable working with people who are seriously ill or people who are at the end of life,” nine (26.5%) answered disagree, four (11.8%) answered neither disagree nor agree, and 21 (61.7%) answered agree. For the question, “I feel adequately prepared to conduct an accurate and comprehensive assessment of a patient in hospice care, 14 (41.2%) answered disagree, 11 (32.4%) answered neither disagree nor agree, and nine (26.4%) answered agree. For the question, “I feel confident in my ability to conduct open-ended, patient centered interviews using appropriate facilitating techniques with hospice patients, 13 (38.2%) answered disagree, seven (20.6%) answered neither disagree nor agree, and 14 (41.2%) answered agree. Lastly, for the question, “I feel confident in my ability to explain the hospice care role in advanced terminally ill patients and their family members,” 18 (52.9%) answered disagree, six (17.6%) answered neither disagree nor agree, and 10 (29.5%) answered agree.

To conclude the survey, participants were asked to answer questions regarding their interest in hospice to gauge their desire for further education. Participants were asked, “I am interested in learning more about end of life care and hospice services,” three (8.8%) answered disagree, three (8.8%) answered neither disagree nor agree, and 28 (82.4%) answered agree. For

the question, "Have you self-initiated professional learning in the area of end of life care of client," ten (31.3%) answered yes and 22 (68.8%) answered no. Lastly, there was a follow up question, "If yes, what type of avenues of learning did you use to self-initiate learning about end of life care," one (9.1%) answered newspapers/e-newspapers, two (18.2%) answered professional journal articles, one (9.1%) answered books, two (18.2%) answered professional workshops and conferences, and five (45.5%) answered online resources.

The researcher conducted independent t-tests to assess for statistically significant differences between groups. An independent t-test was conducted to compare the question, "Have you ever taken any courses in gerontology" to the independent variables of gender and age however there were not statistically significant results with the cross-tabs/Chi-Squares analysis. A t-test was conducted to determine if there was any significant difference between race and the desire to intern at a hospice facility, and there were no statistically significant results with the cross-tabs/Chi-Squares analysis. To run Chi-Square statistics, several variables that possessed enough cells with adequate number of respondents in them, through collapsing of related answer options, were tested.

## CHAPTER FIVE

### DISCUSSION

#### Introduction

The purpose of this study was to gather information regarding the perceptions and knowledge that social work students may have about hospice and to explore whether there were any differences depending on sociodemographic differences. The steps taken to accurately assess students' knowledge of hospice were to gain a better understanding of older adults needs within hospice as well as understand the level of competencies a social worker must possess to address these needs within hospice, which can be found in the literature review. This chapter includes the conclusion of the study, the limitations to the study and recommendations for future social work practice, policy and research.

#### Discussion

The objective of this study was to measure social work students' perception of hospice and determine if there were any changes based on sociodemographic difference. Although the sample size was small and the researcher is guarded about generalizing the findings, the findings are nonetheless interesting and would be worthy of further exploration with a larger and more diverse sample.



The results of the study indicated that most of the participants had previously taken a gerontology class and favored the class. However, participants also reflected that only five respondents had actually interned in a hospice and over half of the participants did not have any interest interning in hospice. This could be attributed to many factors including students not understanding the role of a social worker in hospice.

In the questions regarding knowledge and perceptions regarding hospice care, the results found that most students were knowledgeable in regards to hospice care, however results also proved that many participants still lacked knowledge, which may be linked to the participants who had not previously taken any gerontology classes.

The study revealed that when it came to participants' comfort and competence when working in hospice, most respondents indicated that they did not feel adequately prepared to handle the unique challenges encountered within hospice. These findings were consistent with the previous research conducted, which expressed that a lack of comfort among social work students could be attributed to not having enough information regarding knowledge of living wills, not being comfortable with end of life discussion, and possibly having their own unresolved grief work.

Despite participants' lack of comfort within hospice, the majority of participants did indicate a desire for further education. Of the students who had self-initiated learning, the majority answered using online resources. This

could be attributed to students' understanding the value of social workers within hospice and accessing ready to use information about hospice to become more informed and prepared.

This study did not find any significant results. The study also did not find that sociodemographic factors influenced social work students' perceptions of hospice. This could be due to any number of reasons such as the lack of diversity among participants as well as the amount of respondents that participated in the study were not significant enough to generate results.

#### Limitations

There are some limitations reflected in this study beginning with the sample size collected. The sample size included thirty-four students participants, thirty-one females and three males. In order to gain a more reliable understanding of the knowledge and perceptions of social work students regarding hospice, a larger sample size is needed. Due to the small size collected there was a limit in the statistical analysis that could be run.

The second limitation in this study is the lack of diversity in the sample population. The majority of the participants were females who identified mostly as White or Hispanic and were between the ages of twenty-one to thirty-nine. It may have proven more beneficial to the study if the participant sample included more males and participants with a wider range in ethnicity and age. However due to the nature of how survey participants were collected, the

researcher had little control over which social work students participated in the study.

The final limitation noted in this study is the measurement tool used to collect the data. The questionnaire was self-designed by the researcher and was not tested for reliability and validity due to time constraints, therefore limiting the type of data that was collected.

#### Recommendations for Social Work Practice, Policy and Research

In order to adequately address the limitation outlined above future research will be needed regarding social work students' perceptions and knowledge towards hospice care. As the use of hospice continues to grow so will the need for competent and effective social workers to serve this population.

From the data gathered in this study, I recommend that social worker programs implement more education related to older adults. Social work programs need to be able to address the unique needs of older adults as statistics have proven that this population is growing and will require special attention. It is also recommended that social work students seek further education regarding hospice care and social worker development in order to adequately be prepared to work with these individuals and have the tools necessary to meet their needs.

## Conclusion

The results of this study were not conclusive and it is clear that future study is needed with an emphasis on ensuring that issues such as sample size, diversity in participants, and validating the questionnaire are addressed. However, this study can be used as a platform to help start the conversation of adequately prepare social workers through practice and education to work efficiently within the hospice care field.

APPENDIX A  
FREQUENCY TABLE

## Frequency Table

Table 1

*What is your gender?*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	3	8.8	8.8	8.8
	Female	31	91.2	91.2	100.0
	Total	34	100.0	100.0	

Table 2

*What is your age?*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	21-29	16	47.1	47.1	47.1
	30-39	11	32.4	32.4	79.4
	40-49	3	8.8	8.8	88.2
	50-59	4	11.8	11.8	100.0
	Total	34	100.0	100.0	

Table 3

*What is your racial identity?*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	White	15	44.1	44.1	44.1
	Hispanic or Latino	14	41.2	41.2	85.3
	Black or African American	3	8.8	8.8	94.1
	Other	2	5.9	5.9	100.0
	Total	34	100.0	100.0	

Table 4

*What is your primary language?*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	English	29	85.3	85.3	85.3
	Spanish	5	14.7	14.7	100.0
	Total	34	100.0	100.0	

Table 5

*What is your current level of enrollment?*

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Undergrad Social Work 2nd year	1	2.9	2.9	29.
	Graduate full time Social Work 1st year	7	20.6	20.6	23.5
	Graduate full time Social Work 2nd year	8	23.5	23.5	47.1
	Graduate part time Social Work 1st year	3	8.8	8.8	55.9
	Graduate part time Social Work 2nd year	4	11.8	11.8	67.6
	Graduate part time Social Work 3rd year	4	11.8	11.8	79.4
	Graduate part time Social Work pathway program 1st year	1	2.9	2.9	82.4
	Graduate part time Social Work pathway program 2nd year	1	2.9	2.9	85.3
	Graduate part time Social Work pathway program 3rd year	5	14.7	14.7	100.0
	Total	34	100.0	100.0	



APPENDIX B  
QUESTIONNAIRE

## Social Work Students' Perception of Hospice Questionnaire

Age:

- ☐ 18-24 years old
- ☐ 25-34 years old
- ☐ 35-44 years old
- ☐ 45-54 years old
- ☐ 55-64 years old
- ☐ 65 or older

What is your gender?

- ☐ Female
- ☐ Male

What is your Ethnicity?

- ☐ White
- ☐ Hispanic or Latino
- ☐ Black or African American
- ☐ Native American or American Indian
- ☐ Asian / Pacific Islander
- ☐ Other

What is your primary language?

- ☐ English
- ☐ Spanish
- ☐ Other

Level of enrollment?

- ☐ Undergraduate social work student 1<sup>st</sup> year
- ☐ Undergraduate social work student 2<sup>nd</sup> year
- ☐ Graduate full time social work student 1<sup>st</sup> year
- ☐ Graduate full time social work student 2<sup>nd</sup> year
- ☐ Graduate part time social work student 1<sup>st</sup> year
- ☐ Graduate part time social work student 2<sup>nd</sup> year
- ☐ Graduate part time social work student 3<sup>rd</sup> year
- ☐ Graduate part time social work student pathway program 1<sup>st</sup> year
- ☐ Graduate part time social work student pathway program 2<sup>nd</sup> year
- ☐ Graduate part time social work student pathway program 3<sup>rd</sup> year

Have you taken any courses in gerontology?

- ☐ Yes
- ☐ No

If you have ever taken any courses in gerontology, what are your sentiments about it/them?

- ☐ Overall, I liked it/them very much.
- ☐ Overall, I somewhat liked it/them.
- ☐ Overall, I did not like it/them much.
- ☐ Overall, I disliked it/them a lot.

Are you interested in a hospice field placement?

- ☐ Yes
- ☐ No

Have you completed a hospice field placement?

- ☐ Yes
- ☐ No

Have you ever experienced the death of a close friend or family member?

- ☐ Yes
- ☐ No

How did you first hear of Hospice?

- ☐ In a Social work Class
- ☐ A member of family used hospice
- ☐ Friend of family used hospice
- ☐ From the media
- ☐ Another source

Question 1

The need to plan and deliver hospice care in our country is increasing

5	4	3	2	1
Strongly Agree	Agree	Neither or N/A	Disagree	Strongly Disagree

Question 2

Hospice care is a service specifically for cancer patients

5	4	3	2	1
Strongly Agree	Agree	Neither or N/A	Disagree	Strongly Disagree

Question 3

I am comfortable working with people who are seriously ill or people who are at the end of life?

5	4	3	2	1
Strongly Agree	Agree	Neither or N/A	Disagree	Strongly Disagree

Question 4

I think end of life patients do not benefit from palliative care at home

5	4	3	2	1
Strongly Agree	Agree	Neither or N/A	Disagree	Strongly Disagree

Question 5

End of life patients should be hospitalized until their last minutes of life

5	4	3	2	1
Strongly Agree	Agree	Neither or N/A	Disagree	Strongly Disagree

Question 6

Hospice care led to the development of home care services

5	4	3	2	1
Strongly Agree	Agree	Neither or N/A	Disagree	Strongly Disagree

Question 7

Hospice care led to satisfaction of patients and dignity of death

5	4	3	2	1
Strongly Agree	Agree	Neither or N/A	Disagree	Strongly Disagree

Question 8

Hospice care led to reduce health care cost

5	4	3	2	1
Strongly Agree	Agree	Neither or N/A	Disagree	Strongly Disagree

Question 9

Designing and delivering hospice care led to preserving and promoting spiritual health of society

5	4	3	2	1
Strongly Agree	Agree	Neither or N/A	Disagree	Strongly Disagree

Question 10

Designing and delivering hospice care led to promoting quality services to patients

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither or N/A</b>	<b>Disagree</b>	<b>Strongly Disagree</b>

Question 11

I am interested in learning more about end of life care and hospice services?

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither or N/A</b>	<b>Disagree</b>	<b>Strongly Disagree</b>

Question 12

I feel adequately prepared to conduct an accurate and comprehensive assessment of a patient in hospice care

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither or N/A</b>	<b>Disagree</b>	<b>Strongly Disagree</b>

Question 13

I feel confident in my ability to conduct open-ended, patient centered interviews using appropriate facilitating techniques with hospice patients

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither or N/A</b>	<b>Disagree</b>	<b>Strongly Disagree</b>

Question 14

I feel confident in my ability to explain the palliative care role in advanced terminally ill patients and their family members

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither or N/A</b>	<b>Disagree</b>	<b>Strongly Disagree</b>

Question 15

I feel confident in my ability to respect a patients' and their family's opinions regarding hospice care

<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>Strongly Agree</b>	<b>Agree</b>	<b>Neither or N/A</b>	<b>Disagree</b>	<b>Strongly Disagree</b>

When a physician suggests hospice care to a patient, the physician means:

- ☐ Do-not-resuscitate
- ☐ The physician will provide the most suitable treatment to alleviate discomfort
- ☐ The patient is about to die
- ☐ The physician does not want to perform further treatment
- ☐ Refuse to answer this section

Have you self-initiated significant learning in the area of end of life care of clients?

- ☐ Yes
- ☐ No

If yes, What type of avenues of learning did you use to self-initiate learning about end of life care?

- ☐ newspapers/e-newspapers
- ☐ professional journal articles
- ☐ books
- ☐ popular magazines
- ☐ professional workshops and conferences

APPENDIX C  
INSTITUTIONAL REVIEW BOARD

**CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO**  
**SCHOOL OF SOCIAL WORK**  
**Institutional Review Board Sub-Committee**

Researcher(s) Delia Valenzuela  
Proposal Title Perceptions of Hospice Among Social Work Students:  
The Influences of Sociodemographic Factors  
# SW1576

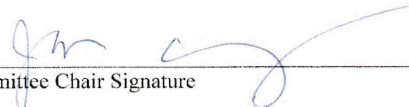
Your proposal has been reviewed by the School of Social Work Sub-Committee of the Institutional Review Board. The decisions and advice of those faculty are given below.

-----  
Proposal is:

- ☒ approved  
☐ to be resubmitted with revisions listed below  
☐ to be forwarded to the campus IRB for review

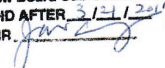
Revisions that must be made before proposal can be approved:

- ☐ faculty signature missing  
☐ missing informed consent ☐ debriefing statement  
☐ revisions needed in informed consent ☐ debriefing  
☐ data collection instruments missing  
☐ agency approval letter missing  
☐ CITI missing  
☐ revisions in design needed (specified below)
- \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

  
Committee Chair Signature

3/22/2016  
Date

Distribution: White-Coordinator; Yellow-Supervisor; Pink-Student

California State University, San Bernardino  
Social Work Institutional Review Board Sub-Committee  
APPROVED 3/22/2016 VOID AFTER 3/21/2017  
IRB# SW1576 CHAIR 



## REFERENCES

- Arnold, E. M., Artin, K. A., Griffith, D., Person, J. L., & Graham, K. G. (2006). Unmet needs at the end of life: Perceptions of hospice social workers. *Journal of Social Work in End-Of-Life & Palliative Care*, 2(4), 61-83. doi:10.1300/J457v02n04-04
- Azami-Aghdash, S., Jabbari, H., Bakhshian, F., Shafaei, L., Shafaei, S., et al. (2015). Attitudes and knowledge of Iranian nurses about hospice care. *Indian Journal of Palliative Care*, 21(2), 209-213.
- Berzoff, J., Dane, B., & Cait, C. (2005). Innovative models for developing post-masters curriculum in end-of-life care. *Journal of Teaching in Social Work*, 25(3/4), 63-88. doi:10.1300/J067v25n03-05
- Ching-Ping Hsu, Hong-Wen Chen, Shih-Yi Lee, Meng-Ting Tsou. (2012). Knowledge and attitude toward hospice palliative care among community-dwelling aged Taiwanese—analysis of related factors. *International Journal of Gerontology*, 6(2), 105-111. ISSN 1873-9598, <http://dx.doi.org/10.1016/j.ijge.2012.01.022>.
- Dickinson, G. (2013). End-of-life and palliative care curricula in U.S. social work graduate programs. *Illness, Crisis & Loss*, 21(4), 315-324. doi:10.2190/IL.21.4.d
- Forrest, C., & Derrick, C. (2010). Interdisciplinary education in end-of-life care: Creating new opportunities for social work, nursing, and clinical pastoral education students. *Journal of Social Work in End-Of-Life & Palliative Care*, 6(1/2), 91-116. doi:10.1080/15524256.2010.489224
- Hepworth, D. H., Rooney, R. H., Rooney, G. D., & Strom-Gottfried, K. (2015). *Direct social work practice: Theory and skills*. Belmont, CA: Brooks Cole, Cengage Learning
- Heyman, J. C., & Gutheil, I. A. (2003). Attitudes of social work students toward end-of-life planning. *Educational Gerontology*, 29(4), 313.
- Johnson, K. S., Kuchibhatla, M., & Tulsky, J. A. (2008). What explains racial differences in the use of advance directives and attitudes toward hospice care? *Journal of The American Geriatrics Society*, 56(10), 1953-1958. doi:10.1111/j.1532-5415.2008.01919.x
- Kang, J., Kim, Y., Yoo, Y., Choi, J., Koh, S., et al. (2013). Developing competencies for multidisciplinary hospice and palliative care professionals in Korea. *Supportive Care in Cancer*, 21(10), 2707-2717.

- Kwon, S. A., Kolomer, S., & Alper, J. (2014). The attitudes of social work students toward end-of-life care planning. *Journal of Social Work in End-Of-Life & Palliative Care*, 10(3), 240-256.  
doi:10.1080/15524256.2014.938890
- Morris, T. (2006). *Social work research methods: Four alternative paradigms*. Thousand Oaks, CA: SAGE Publications.
- National Association of Social Work. (2008). *Code of ethics of the national association of social worker*. Retrieved from  
<https://www.socialworkers.org/pubs/code/code.asp>
- National Hospice and Palliative Care Organization. (2015). Retrieved from  
<http://www.nhpco.org/about-nhpco>
- Murty, S. A., Sanders, S., & Stensland, M. (2015). End-of-life care as a field of practice in the social work curriculum. *Journal of Social Work in End-Of-Life & Palliative Care*, 11(1), 11-26.  
doi:10.1080/15524256.2015.1021071
- Simons, K., & Park-Lee, E. (2009). Social work students' comfort with end-of-life care. *Journal of Social Work in End-Of-Life & Palliative Care*, 5(1/2), 34-48. doi:10.1080/15524250903173884
- U.S. Census Bureau Population. (2014). Retrieved February 1, 2016 from  
<https://www.census.gov/prod/2014pubs/p25-1140.pdf>
- Watts, J. H. (2013). Exploring the "social" of social work in palliative care: Working with diversity. *Illness, Crisis & Loss*, 21(4), 281-295.  
doi:10.2190/IL.21.4.b